

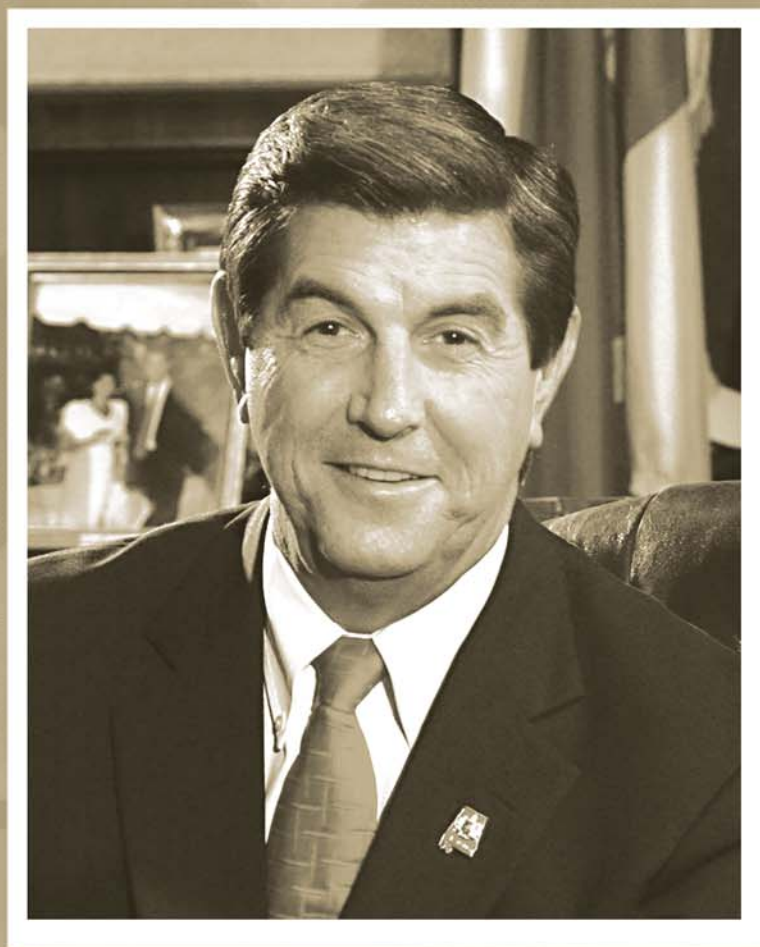
ALABAMA DEPARTMENT OF MENTAL HEALTH & MENTAL RETARDATION

THE LEGACY OF
WYATT

THE ROAD TO SELF-DETERMINATION—THE PAST, THE PRESENT, THE FUTURE



2003-2004
ANNUAL REPORT



BOB RILEY, The Honorable
GOVERNOR
State of Alabama

Alabama

The Honorable Bob Riley
Governor
State of Alabama
State Capitol
Montgomery, AL 36130



Dear Governor Riley,

It is an honor for me to present to you the Alabama Department of Mental Health and Mental Retardation's Annual Report for Fiscal Year (FY) 2004. There are many exciting accomplishments in FY 04 featured in this report and I do not wish to minimize any of these. However, I would be remiss if I did not emphasize two events that are truly monumental in Alabama mental health history.

First, there was the settlement of the *Wyatt* case on December 5, 2003. You were there giving testimony before U.S. Circuit Judge Myron Thompson assuring him of the state's commitment to continue the programs and reforms spawned by *Wyatt*. You were there to end the Federal Court's control over Alabama's mental health system that lasted for 33 years. *Wyatt* was the longest running mental health case in the nation and spanned the terms of seven U.S. Presidents, nine Alabama Governors, and 15 Mental Health Commissioners. The first ten pages of the Annual Report thus highlight the history of mental health in Alabama and in particular, the legacy of the *Wyatt* case for mental health care systems across the nation and indeed the world.

The second FY 04 initiative that was of historical significance was the Consolidation Plan. The consolidation and closure of six of the state's fourteen facilities could not have been possible without your support. The Consolidation Plan helped the department reallocate millions of dollars into much needed community services and away from the costly maintenance of large half-full institutions. The balance of the Annual Report features initiatives of the department in FY 04, many of which are linked to the reforms spawned by *Wyatt*.

I would like to close with a few remarks about my retirement and service to the state for the past 28 years. Thank you for giving me the privilege of serving under you and leading the most competent and dedicated work force in the state. They all assisted me in having a wonderful career and realizing many dreams and goals for the people we serve. It is my hope and prayer that future governors, legislators, and commissioners will have the same zeal and compassion that you have shown in support of the citizens we serve. The citizens we are privileged to serve want to live, work and give back to their communities. In most cases, all they need is an opportunity.

Sincerely,

Kathy E. Sawyer
Commissioner



KATHY E. SAWYER
COMMISSIONER

Alabama Department of Mental Health
& Mental Retardation
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THE ALABAMA MENTAL HEALTH SYSTEM

The Alabama mental health system is comprised of services provided through state operated facilities and a network of contract community service providers. The Alabama Department of Mental Health & Mental Retardation (DMH/MR) organizational structure is depicted below. The department has four divisions. Each division has its own Associate Commissioner appointed by the Commissioner of the DMH/MR.





THE

YEAR

in

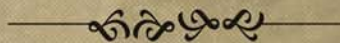
Review



- Developed and implemented a rate setting or fee for service system for MR community programs, which provided standard rates for services based on the needs of individuals served.
- Comprehensive support services (CSS) were established in each region where a developmental center was closed. These teams are comprised of a Ph.D. psychologist, psychiatrist, case managers, and a dentist. This initiative received accolades in the February 2004 issue of *Governing Magazine*.
- The Advocacy 24-hour toll-free access line received 6,346 consumer calls. This represented a 21 percent increase over FY 03 calls.
- The first statewide Access to Services Directory was published.
- Office of Deaf Services conducted training activities for providers of services. Over 1,100 people attended these training sessions.
- Held the Voice and Vision III Consumer Art Exhibit at the Montgomery Museum of Fine Arts.
- Office of Certification conducted over 3,900 inspections and reviews of community programs.
- Provided opportunities for community placement or transfer to the W. D. Partlow Developmental Center for 166 individuals who were former residents of the three Developmental Centers that were closed in FY 04.
- A Suicide Prevention Task Force was developed in connection with the Alabama Department of Public Health toward the creation of a suicide prevention plan.
- Forty full-time crisis counselors were trained to provide outreach and assistance to Hurricane Ivan victims.
- Co-sponsored the second Criminal Justice Conference held in Birmingham with over 250 law enforcement, judges, district attorneys and mental health professionals in attendance.
- Ended the Federal Court control of the Alabama Mental Health System with the termination of the 33-year Wyatt vs. Stickney lawsuit. Wyatt spanned the terms of seven U.S. Presidents, nine Alabama Governors, and 15 Mental Health Commissioners.



ON DECEMBER 5, 2003, THE *WYATT VERSES STICKNEY* LAWSUIT ENDED. THIS IS THE STORY OF THE TRANSFORMATION OF TREATMENT AND CARE FOR PERSONS WITH MENTAL DISABILITIES LARGELY INFLUENCED BY THE CASE.



Wyatt vs

12503

The federal lawsuit that established the right of mental patients to humane treatment in Alabama and across the nation ended Friday.

Ricky Wyatt

MONTGOMERY — The federal lawsuit that established the rights of mental patients to humane treatment in Alabama and across the nation ended Friday, 33 years after it began.

Landmark mental health case draws to a close

Wyatt mental health suit ends



On December 5, 2003, Federal Judge Myron Thompson ended *Wyatt vs. Stickney*, the longest running mental health lawsuit in U.S. history. Commissioner Kathy Sawyer and Governor Bob Riley gave testimony in open hearing and pledged to maintain the reforms and standards established by the 33-year *Wyatt* litigation. In his order, Judge Thompson used these words to describe the impact of the *Wyatt* case:

“The enormity of what this case has accomplished cannot be overstated. The principles of humane treatment of people with mental illness and mental retardation embodied in this litigation have become part of the fabric of law in this country and, indeed, international law.”

The *Wyatt vs. Stickney* suit was filed in October of 1970 on behalf of Ricky Wyatt, a patient at Bryce Hospital in Tuscaloosa, Alabama. Wyatt's aunt was a Bryce employee who was part of a group facing a mass lay-off due to budgetary constraints. She and other mental health employees, including the superintendent, Dr. Stonewall Stickney himself, recognized the fact that lay-offs of professional staff would preclude even minimal treatment of patients at Bryce. The case eventually assumed a "patients rights" posture and was transferred to Federal Court. In 1971, Federal Judge Frank M. Johnson, Jr. in Montgomery issued a landmark ruling that persons with mental disabilities had a constitutional right to personal treatment with minimum standards of care. The words of Judge Johnson were as strong as the sound of his court gavel:

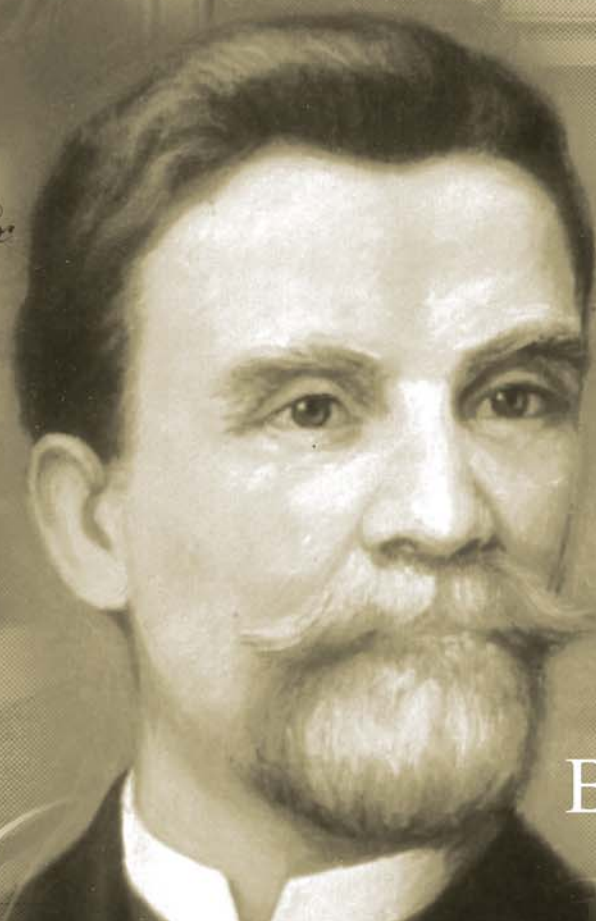
“There can be no legal or moral justification for the State of Alabama's failing to afford adequate treatment for persons committed to its care from a medical standpoint. Furthermore, to deprive any citizen of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the very fundamentals of due process.”—FEDERAL JUDGE FRANK M. JOHNSON, JR.

Subsequently, the Judge identified 35 standards for adequate treatment for persons with mental disabilities in his order issued April 13, 1972. These standards included staffing, diet and nutrition, safety, physical plant adequacy, and many other features of protection. At the time of Judge Johnson's ruling, Bryce Hospital had over 5,000 patients with only three psychiatrists. Partlow, the state's facility for persons with mental retardation, had over 3,000 residents who also lived in overcrowded and inhumane conditions.

EST.

"I first visited Alabama in the spring of 1847. I was fortunate to spend a productive day with Chief Justice Henry Collier. Little did I know that he would one day become governor. Two years later in his inaugural address to the Legislature, Governor Collier recommended the establishment of a state hospital for the insane. In 1861, nearly 12 years later, the hospital was completed. I've never had a prouder day in my life." -Dorothea Dix

Dorothea Dix



Dr. Peter
BRYCE

Dr.

Ever

Dr.

The question is, "How did it get this bad?" Why did Alabama and most other states allow these horrible conditions to exist? To find the answer to this question, one must look at the broader view of the history of mental health services in the state. The early history of mental health in Alabama was characterized by the high moral and medical aspirations of mental health pioneers. Cultural conditions in mid-nineteenth century America provided fertile soil for the development of a social conscience in the rising middle class. The pre-industrial agrarian society was rich in religion and had a strong altruistic motive to help those who were "less fortunate." In particular, the Quakers rejected the harsh treatment of the disabled in Europe and called for more humane care for those they considered "mentally defective." This and other social transformations spawned the Moral Treatment Movement. One of the champions of the Moral Treatment Movement was Dorothea Dix. In the late 1840's, Ms. Dix visited Alabama and lobbied the governor and the legislature for the establishment of a state hospital for the mentally disabled.

"I first visited Alabama in the spring of 1847. I was fortunate to spend a productive day with Chief Justice Henry Collier. Little did I know that he would one day become governor. Two years later, in his inaugural address to the Legislature, Governor Collier recommended the establishment of a state hospital for the insane. In 1861, nearly 12 years later, the hospital was completed. I've never had a prouder day in my life."—DOROTHEA DIX

The hospital assumed the design of the Kirkbride model. Kirkbride was a world-renowned architect who conceptualized hospital facilities where every room had an outside window with views of spacious grounds. Dr. Peter Bryce was the first Superintendent of the hospital. His philosophy of patient care was extraordinarily progressive. He believed in freedom from seclusion and restraint and that every patient had the right to the latest forms of treatment and care. At the new facility, meals were provided in dining room settings where patients could visit and enjoy the camaraderie of their friends. Patients had their own rooms furnished much like home. This atmosphere was worlds apart from the conditions earlier in the 19th century experienced by the mentally disabled. As one writer put it, "Just a few years before the so-called 'indigent insane' and the 'feeble-minded' lived in horrendous conditions and were often warehoused with the able-bodied poor and orphans. Cages were among the popular forms of treatment. People were considered to be slightly more valuable than animals. In fact, animals were often treated better than this poor lot."

Bryce was a giant step in the right direction. However, it would be another 60 years before a clear-cut distinction was made between the treatment of persons with mental illness and individuals with mental retardation. For those 60 years they all lived together at Bryce. Bryce had been established to offer peace and tranquility to the mentally disabled. In accordance with its mission, the staff utilized the most modern forms of treatment known at that time.

1902

SEARCY
HOSPITAL

Partlow

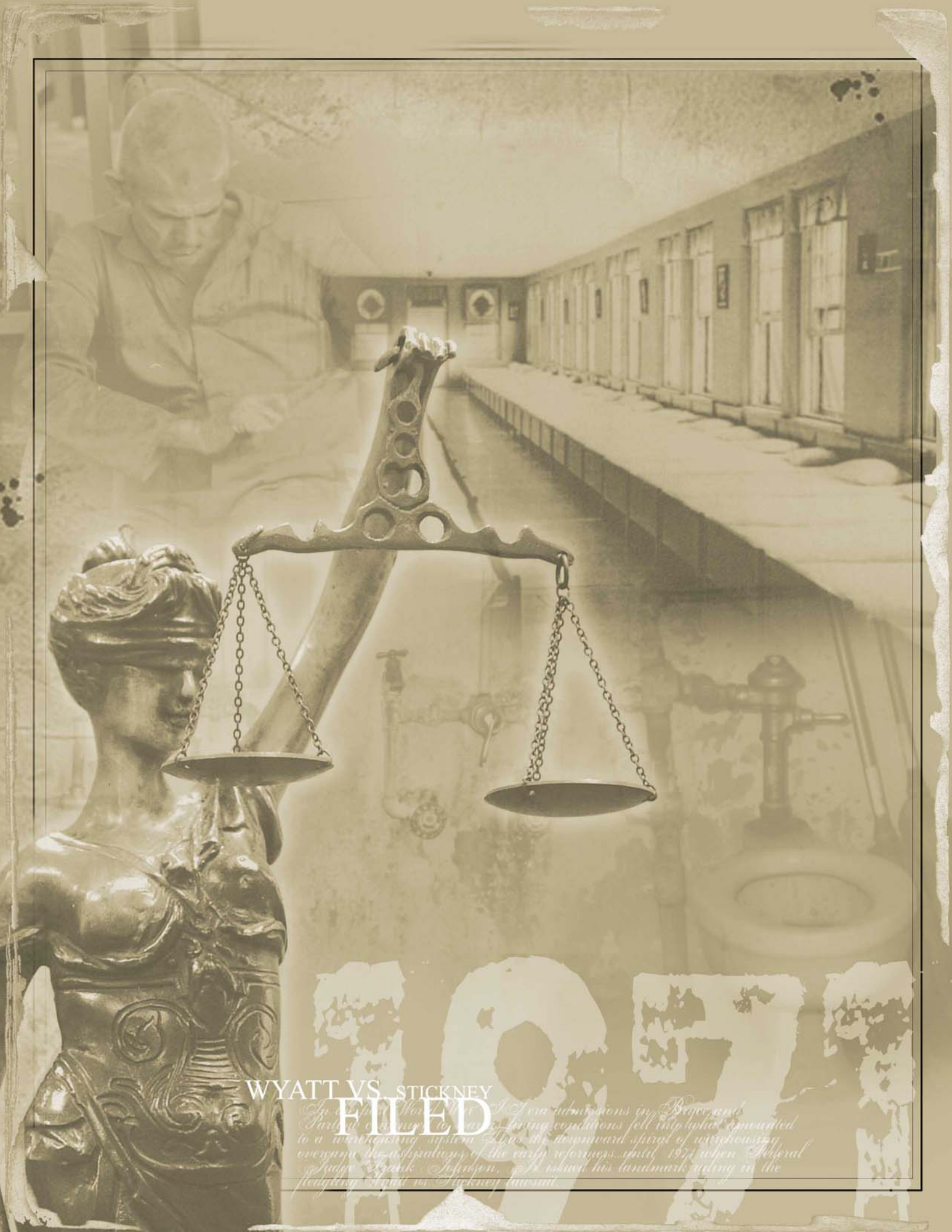
A Group of Patients at Work

One of the main forms of therapy for patients was farming. Annually, residents worked in the fields and reaped enough harvest to make the institution virtually self-sufficient. Some called this a "plantation" system and criticized hospitals for taking advantage of the mentally defective. Admittedly, patients worked long hours in the fields with little or no pay. However, outside work was considered to be a form of therapy in the late 19th and early 20th centuries. The reformer, Dorothea Dix, supported the farm-therapy system as beneficial to the patient's health. In Alabama, patients produced enough harvests to pay for the expenses of the hospital on an annual basis.

The second mental hospital built in the state was Searcy Hospital near Mobile, Alabama. The hospital was constructed on the property once occupied by a U.S. Army post. At one time, the post housed over 400 Apache Indians including the infamous Chief Geronimo. In 1895, the post was given to the state, and in 1902, a hospital was built for the purpose of providing services for blacks. In consideration of the limited funds provided for the renovation of the Federal buildings, Dr. Reuben Searcy utilized Bryce patients to prefabricate the windows and other architectural features of the facility. Like Bryce, Searcy Hospital had an aggressive farm-therapy program and became virtually self-sufficient from the sale of produce.

Although people with mental retardation worked along side people with mental illness in the farm-therapy program, it became evident that these were two different conditions with the need of two distinct types of services. Dr. W. D. Partlow, who served as assistant superintendent for Bryce and Searcy, saw the need for an institution that would provide distinct services for people with mental retardation. In 1922, the first buildings of the "Alabama School for Mental Deficients" were completed on 108 acres of property adjoining the lands of Bryce Hospital in Tuscaloosa. In 1927, the legislature changed the name to honor Dr. Partlow.

The great boost to the program came with the organization of "Patrons for Partlow State School," an organization of relatives and friends who influenced the upkeep of the services of the school. Alabama was one of the early states to arouse and encourage family participation in this manner.



WYATT VS. STICKNEY

FILED

In 1968, when the Federal Bureau of Prisons conditions fell into a spiral of warehousing everyone the aspirations of the early reformers until 1972 when Federal Judge Frank Johnson, issued his landmark ruling in the fledgling Wyatt vs. Stickney lawsuit.

Between 1930 and 1940, the census at Bryce grew from 2,600 to over 4,000. Partlow's population also doubled. In the post World War II era, admissions in Bryce and Partlow continued to soar as living conditions fell into what amounted to a "warehousing" system. Although there were some advances in treatment and developmental techniques, living conditions were sadly similar to the horrible overcrowded and inhumane settings that were opposed by Dorothea Dix 100 years earlier. The original visions of Dr. Bryce and Dr. Partlow to provide quality care in a quality environment had been swept away. People with mental retardation who were deemed to have "unmanageable behavior" continued to be commingled with patients at Bryce through the 1960's.

In 1970, a journalist who visited the Jemison building at Bryce Hospital described conditions there as follows:

“Human feces were caked on the toilets and walls; urine saturated the aging oak floors; many beds lacked linen; some patients slept on floors. Archaic shower stalls had cracked and spewing shower heads. One tiny shower closet served 131 male patients; the 75 women patients also had but one shower. Most of the patients at Jemison were highly tranquilized and had not been bathed in days. All appeared to lack any semblance of treatment. The stench was almost unbearable.”

Thus, the downward spiral of warehousing overcame the aspirations of the early reformers...until 1971 when Federal Judge Frank Johnson, Jr. issued his landmark ruling in the fledgling *Wyatt vs. Stickney* lawsuit. The ruling decreed that people with mental disabilities had a constitutional right to personal treatment with minimum standards of care. These standards included staffing, diet and nutrition, safety, physical plant adequacy, and many other features of protection. At the time of Judge Johnson's ruling, Bryce Hospital had only three psychiatrists to serve over 5,000 patients. Discharge was virtually impossible without careful scrutiny by one of these doctors. Partlow, the state's institution for persons with mental retardation, had over 3,000 residents living in overcrowded and inhumane conditions who had no legal alternative.

Wyatt vs. Stickney led to sweeping reforms in mental health systems in the state and ultimately across the nation. These reforms were similar in their essence but distinct in how services were delivered to persons with mental retardation and persons with mental illness. The first major reform for mental retardation services in Alabama was the beginning of state funding for community programs in 1971. Local chapters of the Association for Retarded Citizens were among the first providers of group homes and day habilitation services in communities across the state.

THEN & NOW

1977

1971

LURLEEN B.
WALLACE

CLIENT
GROUP HOME

The next significant change in mental retardation services came with the establishment of regional Developmental Centers. In the early 70's, Lurleen B. Wallace, the wife of Governor George Wallace, visited Partlow and was struck with the horrendous living conditions at the facility. She asked the legislature to provide funding for other residential facilities that would provide developmental opportunities for people with mental retardation. The first of these was named in her honor, the Lurleen B. Wallace Developmental Center in Decatur, Alabama.

In the early 70's, the Wallace Center instituted state-of-the-art services for residential and day habilitation. The J. S. Tarwater Developmental Center followed in 1977, along with A. P. Brewer Developmental Center in Mobile in 1984. The Glenn Ireland Developmental Center, established in Birmingham in 1986, was closed within a decade due to the downsizing initiatives of *Wyatt*. By the early 90's, the state of Alabama had a growing community provider network and four Developmental Centers that provided institutional services for all geographic portions of the state.

With the rise of community services the developmental centers were destined to “work themselves out of a job.” By the termination of *Wyatt* in 2003, all but one of the four centers was slated for closure. In 2004, the one that remained was the W. D. Partlow Developmental Center in Tuscaloosa.

In 2003, the department's Division of Mental Retardation opened the first Office of Consumer Empowerment. The director of the office is an individual with a cognitive developmental disability. The department now serves over 12,000 people a year with mental retardation through community contract providers and less than 300 annually at Partlow.

The reforms mandated by *Wyatt* also had a profound affect on mental illness services. The shift in emphasis from institutional care to community-based care was central to these reforms. The census at Bryce dropped from over 5,000 patients in 1971 to less than 400 in 2004. Over the 33-year term of the case a broad network of community providers evolved, and by the termination of *Wyatt* in 2003, they served over 100,000 Alabamians per year with offices in all 67 counties.

As part of a *Wyatt* consent decree, the department established an Internal Advocacy Office in 1986 and in 1991, an Office of Consumer Relations was opened with a mental illness consumer as its director. By the termination of *Wyatt*, consumers served on all boards and steering committees of the department.

BEYOND Wyatt

"The enormity of what this case has accomplished cannot be overestimated in my life. The principles of humane treatment of people with mental illness and mental rehabilitation embodied in this litigation have become part of the fabric of law in this country. Therefore, the legacy of this litigation cannot be terminated by any court."

—FEDERAL JUDGE MYRON THOMPSON

AFFORDABLE
HOUSING

SELF-
ADVOCACY

INDEPENDENCE

As more and more consumers had opportunities to live in the community, the department initiated programs to help with the transition to community life. ACT Teams (Assertive Community Treatment Teams) were established to help local mental health centers maintain contact with consumers who were at risk of re-hospitalization. Over 300 new affordable housing units were available to consumers in 2003, and in 2004, the department invested over 8 million dollars in its Indigent Drug Program (IDP). This program provided free medication to consumers who could not qualify for Medicaid or private health insurance. The IDP program helped consumers maintain the proper regimen of medications necessary for their recovery. In addition to ACT teams and IDP, consumer-managed Drop-in Centers were established across the state giving former patients a place to congregate for recreation or special programs. The consumer movement became so well established in Alabama that by 2004, over 900 consumers gathered at the 12th Annual Shocco Springs Spring Conference to learn about self-advocacy, voting and other relevant topics. Reportedly, this is one of the largest consumer conferences in the nation.

The *Wyatt* case set minimum standards of care, established patient rights, fostered the downsizing of state institutions and the proliferation of community services. Today, consumers for MR and MI services sit on department Boards and Committees that influence the management of institutions that at one time warehoused people with mental disabilities. The stigma formerly associated with mental illness or mental retardation is being reduced by public education and community awareness. People are looking at the abilities, not the disabilities of consumers. Equal respect and treatment are now the law of the land.

In his order written in association with the termination of *Wyatt*, Federal Judge Myron Thompson, said;

“Wyatt heightened public awareness of the needs of institutionalized people with mental illness or mental retardation. Today, as a result, any judge, legislator, or executive official who would seek to reverse the everyday involvement and oversight of state and local advocacy groups, friends, and family members of people with mental disabilities, and self-advocacy by consumers would face universal condemnation. Therefore, the legacy of this litigation cannot be terminated by any court.”

